

MARICOPA COUNTY  
Environmental Services Department  
1001 N. Central Ave. #201  
Phoenix, AZ 85004



602-506-6700  
602-506-0586 FAX  
602-506-6704 TTN

### PERMIT CANCELLATION REQUEST

Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Permit Holder: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Location: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

REASON FOR CANCELLATION: \_\_\_\_\_  
\_\_\_\_\_

I verify no further soil disturbing construction activities will occur at the above referenced location. All project soils designated in the Dust Control Permit have been permanently stabilized by the following method(s) (Check all that apply):

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Buildings   | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Paving           |
| <input type="checkbox"/> Application of gravel cover<br>of dust palliative |                                      | <input type="checkbox"/> Application      |
| <input type="checkbox"/> <1/10 acre disturbed soil remains<br>valid        |                                      | <input type="checkbox"/> Permit #:____ is |
| <input type="checkbox"/> Other method (describe): _____                    |                                      |   |

Permittee Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Company & Title: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_